CERTIFICATE OF SERVICE

I, Gini L. Downing	(name), certify that se	rvice of this summons and a copy of
the complaint was made February	4, 2022 (date) by:	
Mail service: Regular, first class Unit	ted States mail, postage fully pre-paid	, addressed to:
Amgen USA Inc.	Amgen, Incorporated	Amgen, Inc.

Amgen USA Inc.
Landau Law LLP
1880 Century Park East, Suite 1101
Los Angeles, CA 90067

Attn: Jonathan Graham, EVP, GC & Secretary 1840 Dehavilland

Thousand Oaks, CA 91320

Amgen, Inc. Attn: Andrew Seidl 1840 Dehavilland Thousand Oaks, CA 91320

Rodger Landau, Esq. Landau Law LLP 1880 Century Park East, Suite 1101 Los Angeles, CA 90067

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Amgen Inc. Attn: Jonathan Graham, Executive VP, General Counsel & Secretary One Amgen Center Drive Thousand Oaks, CA 91320 Amgen USA Inc. c/o Amgen Inc. One Amgen Center Drive Thousand Oaks, CA 91320 Corporation Service Company, R/A for Amgen, Inc. 251 Little Falls Drive Wilmington, DE 19808

Corporation Service Company, R/A for Amgen USA Inc. 251 Little Falls Drive Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022

Signature /s/ Gini L. Downing

Print Name:

Gini L. Downing

Pachulski Stang Ziehl & Jones LLP

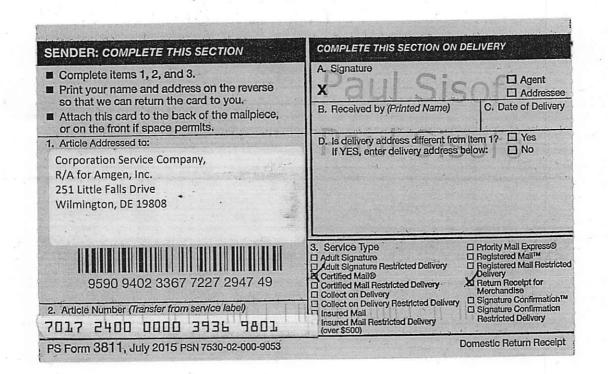
10100 Santa Monica Blvd.

13th Floor

Business Address:

Los Angeles, CA 90067

The said COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Agent ■ Print your name and address on the reverse. X Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: Amgen Inc. Attn: Jonathan Graham, Executive VP, General Counsel & Secretary One Amgen Center Drive Thousand Oaks, CA 91320 ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Return Receipt for Merchandise 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certifled Mail® 9590 9402 3367 7227 2949 23 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7017 2400 0000 3936 9467 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053



COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? [If VES. onto delivery address below: 1. Article Addressed to: If YES, enter delivery address below: Corporation Service Company, R/A for Amgen USA Inc. 251 Little Falls Drive Wilmington, DE 19808 ☐ Priority Mail Express® Service Type □ Priority Mail Express □ Registered Mail™ □ Registered Mail Restricted □ Private Pri ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® 9590 9402 3367 7227 2947 32 Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery 2. Article Number (Transfer from service label) Insured Mail Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7017 2400 0000 3936 9795 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: Amgen USA Inc. c/o Amgen Inc. One Amgen Center Drive Thousand Oaks, CA 91320	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 3367 7227 2949 16	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery
2. Article Number (Transfer from service label) 7017 2400 0000 3936 7432	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirmation ☐ Restricted Delivery